

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90093 015 \*\*\*150.00

0574664 AV

**DOCUMENT # 606706**

1. Entity Name  
**ROBERT D. TOBIN & SON, INC.**



Principal Place of Business  
**3427 S W 7TH STREET  
P O BOX 1346  
OCALA FL 34478-1346  
US**

Mailing Address  
**3427 S W 7TH STREET  
P O BOX 1346  
OCALA FL 34478-1346  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1929698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOBIN, ROBERT D  
4680 NW 75TH AV  
OCALA FL 34482**

Name **Henry A. Tobin**  
Street Address (P.O. Box Number is Not Acceptable)  
**4680 NW 75 Ave**  
City **Ocala** FL Zip Code **34482**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HENRY A TOBIN** **06/03/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOBIN, ROBERT D</b>	
STREET ADDRESS	<b>4680 NW 75TH AV</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TOBIN, HENRY A</b>	
STREET ADDRESS	<b>4680 NW 75TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOBIN, SALLY A</b>	
STREET ADDRESS	<b>4680 NW 75TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PST D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Henry A. Tobin</b>	
STREET ADDRESS	<b>4680 NW 75 Ave</b>	
CITY-ST-ZIP	<b>Ocala FL 34482</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HENRY A TOBIN** **06/03/2003** **352 732 0736**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

352 236 5754

P.004

6-02-0390138536

606706

Industrial Abrasives &amp; Cutting Tools, Inc

Robert D. Tobin &amp; Son, Inc

Dept of State

Due to the Hospitalization - and subsequent death of Robert D. Tobin, we didn't realize that we had even received those UBR 2003.

Both Robert D. Tobin & Sally A. Tobin have been in & out of hospital & rehab frequently since beginning of 2003.

The normal routine is send UBRs to accountant for additions or revisions - Accountant returns them with instructions & further follows up with a phone call reminder (approx 2 wks to deadline) then a 1st reminder (2 days to deadline). None of this took place in 2003.

4/30  
When, a week after memorial, accountant was questioning all deadline items - we thought they were done & said so; about a week later the forms surfaced; at that time Mrs Tobin was again, in hospital; since we needed to make changes - we waited until it could be discussed with her to complete.

Please abate lpts penalty - due to circumstances  
~~Principally~~  
 (acct for above) H9 TC VP